

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:
2004-012

2. STATE
Florida

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE
SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
April 1, 2004

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN

☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN

☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:
42 CFR 447, Subpart F

7. FEDERAL BUDGET IMPACT:
a. FFY 2004 \$0
b. FFY 2005 \$0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
Attachment 4.19-B, Pages 28 and 28a

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):
Attachment 4.19-B, Page 28

10. SUBJECT OF AMENDMENT:
Technical Correction to Florida SPA 2002-16

11. GOVERNOR'S REVIEW (Check One):

- ☐ GOVERNOR'S OFFICE REPORTED NO COMMENT
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED:
Will be forwarded when received.

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:
Mr. Steve Grigas

14. TITLE:
Acting Deputy Secretary for Medicaid

15. DATE SUBMITTED: 5/14/04

16. RETURN TO:

Mr. Steve Grigas
Acting Deputy Secretary for Medicaid
Agency for Health Care Administration
2727 Mahan Drive, Mail Stop #8
Tallahassee, FL 32308

Attention: Kay Newman

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

May 20, 2004

18. DATE APPROVED:

July 23, 2004

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:
April 1, 2004

21. TYPED NAME:

Renard Murray, D.M.

20. SIGNATURE OF REGIONAL OFFICIAL:

22. TITLE:

Associate Regional Administrator

23. REMARKS:

METHODS USED IN ESTABLISHING PAYMENT RATES

7/1/90 INDIVIDUAL PRACTITIONERS SERVICES - (Doctors of Medicine, Chiropractic, Osteopathy, Dentistry, Optometry and other individual Practitioners services) - Individual payments are based on a fee schedule or a fee schedule developed for provider specialty groups determined by the state agency. Physicians who perform services for neonates or high-risk obstetrical recipients in RPICC disproportionate share hospitals will be reimbursed payments based on the estimated average length of time and services required to treat an ill infant or high risk mother.

1/1/01 Medicaid will only reimburse doctors of medicine, osteopathy, and other individual practitioner services for mobile services under contractual agreement with a Federally Qualified Health Center or a County Health Department. Medicaid will only reimburse those practitioners whose mobile Rural Health Clinic (RHC) units are certified by Medicare as mobile RHCs in accordance with Title 42 Code of Federal Regulations.

Medicaid will only reimburse doctors of optometry for mobile services under contractual agreement with a Federally Qualified Health Center. Medicaid will only reimburse those practitioners whose mobile Rural Health Clinic (RHC) units are certified by Medicare as mobile RHCs in accordance with Title 42 Code of Federal Regulations.

7/1/01 Medicaid will only reimburse doctors of dentistry for mobile services under contractual arrangement with a Federally Qualified Health Center, County Health Department, state approved dental educational institution, or for services rendered to recipients age 21 and over at nursing home facilities.

Reimbursement for mobile services is made directly to the CHD, FQHC or RHC on a cost-based reimbursement method. Reimbursement to the individual practitioners contracting with these entities is made directly by the CHD, FQHC or RHC with whom they contract the services provided.

Medicaid will not reimburse for mobile services for radiology procedures or interpretations if the service was provided by a mobile provider.

Amendment 2004-012
Effective 4/1/2004
Supersedes 2002-16

Approval _____

METHODS USED IN ESTABLISHING PAYMENT RATES

INDIVIDUAL PRACTITIONERS SERVICES, continued

The agency may provide for supplemental payments for services provided by doctors of medicine and osteopathy employed by or under contract with either (1) a medical school that is part of the public university system (Florida State University, The University of Florida, and The University of South Florida); (2) a private medical school that places over fifty percent (50%) of their residents with a public hospital (The University of Miami); (3) Nova Southeastern University. The supplemental payments will be based on the difference between the lower of fifty-four and thirty-four one hundredths percent (54.34%) of the provider's usual and customary charges or fifty-four and thirty-four one hundredths percent (54.34%) of the charge ceiling established by the Agency and the actual payment by Medicaid to the physician or osteopathic physician under the current physician fee schedule.

The percentage applied to providers' usual and customary charges or the charge ceiling shall be determined annually. This percentage shall represent the weighted average percentage of usual and customary charges paid by commercial payers weighted by the number of Medicaid allowable procedures for the physicians associated with the designated medical schools. The percentage shall be substantiated by data made available by each medical school or as determined by an independent entity that has sufficient data to determine geographically specific percentages. Geographically specific percentages may be used in determining the statewide percentage, but one statewide percentage shall be used for payment determinations.

Amendment 2004-012
Effective 4/1/2004
Supersedes NEW
Approval_____